



MIAMI BEACH

BUILDING DEPARTMENT

1700 Convention Center Drive, 2nd Floor

Miami Beach, FL 33139

Phone: 305-673-7610 Fax: 305-673-7857

FINAL PERMIT FEE RECONCILIATION FORM

(To be completed as part of Certificate of Occupancy/Completion Process)

PART ONE: PERMIT AND OWNER INFORMATION

Please Allow 72 Hours for Processing

Permit Number: _____ Date: _____

Folio Number: _____

Description of Work: _____

Owner's Name: _____

Contact's Name: _____

Job Address: _____ Apt/Suite #: _____

City/Zip Code: _____

Phone Number: _____ Alternate Phone #: _____

REQUIRED DOCUMENTS CHECKLIST

(For Office Use Only)

- ☐ Architectural/Engineering Affidavit for Job Value (if alteration/remodeling)
- ☐ Total Gross Square Footage
- ☐ Final Boundary Survey (Signed & Sealed by Professional Surveyor)
- ☐ MDWSD Compliance Letter
- ☐ Final Elevation Certificate / Flood Proofing Certificate (Commercial Only)
- ☐ Fire Penetration Affidavit

Comments:

CO/CC Issued by: _____ Date Issued: _____



MIAMI BEACH

BUILDING DEPARTMENT
1700 Convention Center Drive, 2nd Floor
Miami Beach, Florida 33139
Phone: (305) 673-7610 Fax: (305) 673-7857

PART TWO: FOR PARTIAL CERTIFICATE OF OCCUPANCY AND COMPLETION PROCESS ONLY

| For Partial CO/CC Request Only: | |
|------------------------------------------------------------|--|
| Description of area for which Partial CO/CC is requested | |
| Estimated square footage to be approved under this PCO/PCC | |
| Percentage of total project size | |

PART THREE: OWNER/QUALIFIER/CONTRACTOR AFFIDAVIT OF TOTAL SQUARE FOOTAGE

I _____ as the Owner/ Qualifier / General Contractor (circle one) of record for the project covered under the permit listed above, I certify the following:

| The Gross Floor area for the CO/CC being requested is as follows: | | | |
|------------------------------------------------------------------------|-----------|---------------|-------|
| | Under A/C | Not Under A/C | Total |
| (a) Total Gross Floor Area of New Construction | | | |
| (b) Total Gross Floor Area of Alteration/Remodeling | | | |
| | | | |
| Total Gross Floor Area: <i>Add amounts in (a) and (b) above</i> | | | |

PART FOUR: FOR ALTERATION AND REMODELING PROJECTS ONLY

As per this request you must submit the most current approved "AIA Document G702/G703" Application for Payment to the Building Department as verification of construction cost.

If a G702/G703 has not been used for construction payments by the parties, then the City of Miami Beach will accept alternate evidence of the final construction cost, for example final statement, final invoice, etc., which evidence must be satisfactory to the Building Director or his designee, in his/her sole discretion.

| Alteration and Remodeling: | | |
|--------------------------------------------------------------------|----|----|
| (a) Owner Purchased Items | | \$ |
| (b) Contractor's Fees | | \$ |
| (c) Contractor's Cost | | \$ |
| (d) Overhead and Profit | | \$ |
| Less Items Deducted: | | |
| Landscaping | \$ | |
| Refrigerator, stove not built-ins | \$ | |
| Plans and Specifications | \$ | |
| Permit fees | \$ | |
| (e) Total of Items deducted | | \$ |
| Total Construction Cost: Add (a) through (d) less (e) above | | \$ |

PART FIVE: REQUIRED FOR ALL PROJECTS

Signature of Owner/ Qualifier / Contractor (circle one)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ___ day of _____ 20___,
by: _____

[] Personally known [] Procured Identification –
Type of Identification _____

Signature of Notary Public